



# GOODYEAR FIRE DEPARTMENT

## Fire, Building & Life Safety Section

☒ Fire Safety  
☐ Building Safety



**Goodyear** ARIZONA

## REQUIREMENT/PROCEDURE

**Subject:**

**Procedure for the completion of the Fire Construction Permit Application Form**

**Effective Date:**

November 16,2009

**Revised Date:**

### PURPOSE

To provide information for completing a fire construction permit application. The fire construction permit application is a legal document that serves as a multi-purpose form filled out to provide information for the issuance of a fire protection permit.

### POLICY

It is the policy of the Goodyear Fire Department to consistently and accurately process the fire construction permit application in order to issue the fire protection permit.

### PROCEDURE

#### Instructions for processing the fire construction permit application

**The following entries are to be completed by the Permit Technician:**

APPLICATION DATE	Date application submitted for processing
RESUBMITTAL DATE	Date application resubmitted for processing
PERMIT#	Number assigned by permit technician via H.T.E

**The following entries are to be completed by the Applicant:**

**PERMIT APPLICATION HEADINGS**

**DOCUMENTATION TO BE PROVIDED**

APPLICATION IS HEREBY MADE FOR PERMISSION TO;	Checkmark in appropriate permit type
PROJECT NAME	Name of business occupying building/suite or name of home owner
SUBDIVISION	Name of subdivision (applicable to NFPA 13R systems only)
PROJECT ADDRESS	Street address where work is to be performed
PARCEL	County Assessor's number
PROJECT TYPE	Checkmark in appropriate project type
APPLICANT'S VALUATION \$	Valuation to include labor and material(s)
TOTAL SQUARE FEET	Enter total square feet of building area
WATER METER SIZE	Size of water meter
FOR FIRE SPRINKLER SUBMITTAL, ARE FIRE PUMPS INCLUDED?	Checkmark in appropriate box
IF YES, HOW MANY?	Number of fire pumps to be installed
PLANS SUBMITTED BY:	Checkmark in appropriate box
CONTACT PERSON	Name of person responsible for project
PHONE	Phone number of person responsible for project
FAX	Fax number of person responsible for project
WHO IS CONTACT PERSON?	Checkmark in appropriate box
OWNER	Name of building owner
PHONE	Phone number of building owner
ADDRESS	Mailing address of building owner
COMPANY	Name of licensed fire contractor
PHONE	Phone number of licensed fire contractor
ADDRESS	Mailing address of licensed fire contractor
LICENSE NO.	Appropriate Arizona State Registrar of Contractor's license number for work being performed

CLASS	Appropriate Arizona State Registrar of Contractor's license classification number for work being performed
ARIZONA STATE TAX NO.	Arizona State Tax Number of licensed fire contractor
PROPOSED USE	Proposed occupancy use group
EXISTING USE	Existing occupancy use group
PROPOSED CONSTRUCTION TYPE WALLS:	Checkmark in appropriate box
PROPOSED CONSTRUCTION TYPE ROOF:	Checkmark in appropriate box
EXISTING CONSTRUCTION TYPE WALLS:	Checkmark in appropriate box
EXISTING CONSTRUCTION TYPE ROOF:	Checkmark in appropriate box
IF THIS IS AN EXISTING BUILDING, DOES IT HAVE A FIRE SPRINKLER SYSTEM?	Yes or no
FIRE ALARM SYSTEM?	Yes or no
OCCUPANCY LOAD:	Design occupant load for designated occupancy
IBC OCCUPANCY TYPE	Occupancy type based on use of building/suite
IBC CONSTRUCTION TYPE	Construction type of building
APPLICANT	Name of applicant (print)
SIGNATURE	Signature of applicant
ADDRESS	Address of applicant
CITY	City of applicant
STATE	State of applicant
ZIP	Zip code of applicant

**The following entries are to be completed by the Permit Technician:**

AMOUNT PAID	Plan review fee amount paid by applicant
DATE:	Date plan review fee amount paid